

No. 2
11-10-39
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38395
State File No. 100-243-0
Registrar No. 1
Houston, Texas
NOV 20 1943

FILED DEC 1 1943

Registration District No. 321

Primary Registration District No. 3053

1. PLACE OF DEATH:

(a) County PHELPS
(b) City or town ROLLA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFARLAND HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether
In this community all of his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS
(c) City or town SIMMONS
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ERWIN McMILLIN

3. (b) If veteran, name war WORLD WARI 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GRACE McMILLIN
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased JULY 11 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace Westline, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____
12. Name FULESS McMILLIN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name LIZZY McREAGER
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant GRACE McMILLIN
(b) Address SIMMONS, MO

17. (a) BURIAL (b) Date thereof 10/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT GROVE

18. (a) Signature of funeral director Hayward U. Elliott
(b) Address HOUSTON, MO

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 17
1943 year 9 hour 40 minute P.M.

21. I hereby certify that I attended the deceased from July 15 1940 to Oct 17 1943
that I last saw him alive on Oct 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 36 hours

Due to 117a

Other conditions perforated duodenal ulcer 10 hours
(Include pregnancy within 6 months of death)

Major findings: Of operations _____
Of autopsy area of infarction in myocardium perforated stomach

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
28. Signature Henry R. Rose (M.D. or other) R.O.
Address Houston, MO Date signed 10-20-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1943

100
191
75

Local Board No. 1
Franklin County
Nov 2 1943
Rolla, Missouri

DEC 7 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1943
275

Registration District No.

Primary Registration District No. **3053**

Registrar's No. **106**

1. PLACE OF DEATH:

(a) County **Phelps**

(b) City or town **Holla**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mc. arland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hrs.**
(Specify whether years, months or days)

In this community **all his life.**

3. (a) PRINT FULL NAME **Erwin McMillin**

3. (b) If veteran, name war **World War I**

3. (c) Social Security No.

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Grace McMillin**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **July 11, 1893**
(Month) (Day) (Year)

8. AGE: Years **50** Months **3** Days **6**
If less than one day **hr. min.**

9. Birthplace **Westline, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

MOTHER FATHER

12. Name **Euliese McMillin**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Lizzie Greaser**
Ky.

15. Birthplace **Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Grace McMillin**

(b) Address **Simmons, Mo 0.**

17. (a) **Burial** (b) Date thereof **10-21-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Grove**

18. (a) Signature of funeral director **Gaylord V. Elliott**

(b) Address **Houston Falls, Ark**

19. (a) **11-27-1943** (b) **J. Ellis Walker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lexae County**

(c) City or town **Simmons**
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct. 17,** day **9** minute **40 P.M.**
year **1943**

21. I hereby certify that I attended the deceased from **July 15, 1943** to **Oct. 17, 1943**
that I last saw him alive on **Oct. 17, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **coronary thrombosis**
Duration **36 hrs.**

Due to

Other conditions **perforated gastric ulcer 10 hr**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy **area of infraction in myocardium, perforated stomach.**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signature **Henry R. Rosey, D.O.** **10-20-1943**
Houston, Mo
Address

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Copy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
..... Registered Apprentice No.
working under my personal supervision.

Signed.....
..... Licensed Embalmer No.....
..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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